

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN T Llicate*
(Other instru s on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. N M 8811
2. NAME OF OPERATOR TEXACO Inc. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well is located 660' from the South line and 660' from the West line of Section 10, T-18-S, R-8-E, Unit Letter M, Otero County, New Mexico.		8. FARM OR LEASE NAME Federal (USA) 'E'
14. PERMIT NO. Regular		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3998.6 (GR)		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 10, T-18-S, R-8-E
		12. COUNTY OR PARISH Otero
		13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

TOTAL DEPTH 6032'
9-5/8" OD 32.30# H-40 casing set at 1507'

Ran 6019' (151 joints) 7-5/8" OD 29.7# FJ Hydril casing and set @6032'. Cemented w/25 sx Class C neat w/10# gilsonite and 1/4# flocele per sack, 450 sx TLW w/10# gilsonite and 1/4# flocele per sack and 160 sx Class C w/10# gilsonite, 1/4# flocele and 10# salt per sack. Plug @5999'. Complete @8:45 AM, February 5, 1970. Tested 7-5/8" OD casing w/1600# for 30 minutes from 8:45 AM to 9:15 AM, February 6, 1970. Tsted OK. Drilled cement plug, lost circ @5999'. Ran 7-5/8" cement CI retainer and set @5985'. Cemented w/200 sx Class C w/10# sand and 3# salt per sack and RA material. Dumped cement on retainer. Complete @11:15 PM, February 6, 1970. Found cement in casing @5940'. Tested casing w/1500# for 30 minutes from 4:00 PM to 4:30 PM, February 7, 1970. Tested OK. Drilled cement to 6032' and tested w/1500# for 30 minutes from 7:30 PM to 8:00 PM, February 7, 1970. Tested OK. Job complete @8:00 PM, February 7, 1970.

18. I hereby certify that the foregoing is true and correct

SIGNED

Assistant District
Superintendent

DATE February 9, 1970

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD PURPOSES
FEB 11 1970

Date

ACTING

District Engineer

*See Instructions on Reverse Side